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APPLICATION NO.	FILING DATE	FIRST NAME		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/591,349 06/09/2000 Thomas Boucino				oucino	9040.7	2701	
TITLE OF INVENTION: CO	OMMUNICATIONS CABI	LES WITH ISOLAT	TORS				
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	EXAMINER		IT	CLASS-SUBCLASS			
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Company to the proof of				p to 3 registered patent a alternatively, (2) the name g as a member a registered the names of up to 2 regis agents. If no name is liste	n the patent front page, list (1) the 3 registered patent attorneys or natively, (2) the name of a single a member a registered attorney or names of up to 2 registered patent ints. If no name is listed, no name Myers Bigel Sibley & Sajovec 2 3		
3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte. (A) NAME OF ASSIGNI Commscope Prope	an assignee is identified be d to the USPTO or is being EE	low, no assignee da submitted under sep (B	ata will appear parate cover. Co RESIDENCE	on the patent. Inclusion of a	,	ate when an assignment signment.	
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4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 5 A check in the amount of the fee(s) is enclosed.							
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ames R. Cannon, Reg. No. 35, 839 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.				yone ty in 08/27/2004 RI	08/27/2004 RMEBRAH1 00000028 09591349		
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